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Bib Data Sheet

CONFIRMATION NO. 5203

SERIAL NUMBER 10/612,170	FILING DATE 07/01/2003 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. USGI-004 A
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/433,065 12/11/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 10/28/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

Methods and apparatus for gastric reduction

FILING FEE RECEIVED	FEES: Authority has been given in Paper . No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)